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& Engineering
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March 24, 2017

Mr. Greg McIntyre
Facilities Division Director
South East Alaska Regional Health Consortium
222 Tongass Drive
Sitka AK 99835

RE: Mt. Edgecumbe Emergency Department Renovation
Request to the IHS AHJ for Deviation to the FGI Guidelines

Dear Mr. McIntyre:

This is in response to your letter to the IHS dated February 10, 2017 requesting nine Authority Having Jurisdiction (AHJ) deviations from the 2014 Federal Guidelines Institute Guidelines (FGI) on the proposed Mt. Edgecombe Hospital Emergency Department Renovation. **FGI 1.1-3 Renovation** requires major renovation projects to comply with the requirements for new construction. Exceptions by the AHJ are permitted where major structural elements make total compliance impractical or impossible. As such, the following determinations are provided:

1. **Bariatric Examination/Treatment Room.** **FGI 2.2-3.1.3.6(5)(b)** requires Emergency Services Treatment Rooms for bariatric patients to have a minimum clear floor area of 200 square feet. The design provides 194 square feet due to restrictions of the existing structural columns, adjacent stair enclosure, and exterior wall. The deviation is minor. **Decision: Approved.**
2. **Trauma Resuscitation Rooms.** **FGI 2.2-3.1.3.6(6)(a)(i)** requires Emergency Services Trauma/Resuscitation Rooms to have a minimum clear floor area of 250 square feet. The design provides 202 square feet in Room E-49 and 198 square feet in Room E-48. This represents a significant deviation that draws into question the ability of the room to function as intended. The argument that the existing structure prohibits the size of these rooms is not convincing as this seems to be more a case of trying to fit too much program into too little space. **Decision: Not Approved.** The AHJ recommends consideration of reducing to 1 trauma/resuscitation room to meet this code requirement.
3. **Trauma Resuscitation Rooms.** **FGI 2.2-3.1.3.6(6)(a)(ii)** requires Emergency Services Trauma/Resuscitation Rooms to have a clearance of 5 feet around all sides of the stretcher. The design provides no clearance at the head of the stretcher and restricts the clearance between the stretcher and hand washing station to 3'-6". This represents a significant deviation that draws into question the ability of the room to function as intended. The argument that the existing structure prohibits the size of these rooms is not convincing as this seems to be more a case of trying to fit

too much program into too little space. **Decision: Not Approved.** The AHJ recommends consideration of reducing to 1 trauma/resuscitation room to meet this code requirement.

4. **Trauma Resuscitation Rooms.** FGI 2.2-3.1.3.6(6)(c)(iii) requires Emergency Services Trauma/Resuscitation Rooms to include an x-ray film illuminator. The request is to locate the film illuminator at the nurse's station. No explanation for why the film illuminator cannot be located within the room is provided. The request does note that most x-ray images are now digital and accessible by laptop. As this is largely an operational issue, no objection is raised by the AHJ. **Decision: Approved.** The AHJ recommends consideration of reducing to 1 trauma/resuscitation room to meet this code requirement.

5. **Trauma Resuscitation Rooms.** FGI 2.2-3.1.3.6(6)(e) & (f) requires Emergency Services Trauma/Resuscitation Room door openings to have a minimum clear width of 72 inches. An exception is permitted to allow doors in renovation projects to have a minimum clear width of 48 inches. The design provides a 48 inch door into Room E-48. An existing structural column prohibits installation of a larger door. Therefore, the 48 inch door as designed is compliant with FGI. **Decision: Compliant as Designed.** The AHJ recommends consideration of reducing to 1 trauma/resuscitation room to fully meet this code requirement.

6a. **Airborne Infection Isolation (All) Rooms.** FGI 2.2-3.1.4.2(3) requires Emergency Services All Rooms to be visible from a nurse's station. The design does not provide a direct line of sight between the nurse's station and the All. The Infection Control Risk Assessment (ICRA), developed during the planning stages of the project, identified this potential issue and recommended achieving the visual connection via video monitoring. The limited footprint of the existing space contributes to a functional solution whereby the visual connection can be achieved. No objection to the ICRA recommendation is raised by the AHJ. **Decision: Approved.**

6b. **Airborne Infection Isolation (All) Rooms.** FGI 2.1-2.4.2.2(2) requires Emergency Services All Rooms to be provided with a place to store personal protective equipment (PPE) at the entrance to the room. FGI provides no further guidance as to the size or capacity of PPE storage. The ICRA recommends achieving this requirement via a wall/door organizer. No objection to the ICRA recommendation is raised by the AHJ. **Decision: Compliant as Designed.**

6c. **Airborne Infection Isolation (All) Rooms.** FGI 2.1-2.4.2.2(4) requires All Rooms to be provided with a separate room with toilet, handwashing station, and bathtub or shower. Based on the historically low need for airborne infection isolation, the ICRA recommends achieving this requirement via portable toilet when necessary rather than constructing a separate room. The AHJ sees a better solution by reconfiguring the adjacent Staff Toilet Room E-54 to open into the All, delete the opening between E-54 and the adjacent Staff Lockers Room E-55, and having staff use Patient Toilet Room E-51 or Toilet Room E-37. **Decision: Not Approved.**

7. **Human Decontamination Area.** FGI 2.2-3.1.3.6(8) requires Emergency Services Facilities to include a Human Decontamination Area in new construction. The ICRA determined this was not required indicating that most potential contaminants are addressed by municipal fire and EMS Services prior to arrival at the hospital. It is also noted that the FGI Appendix on this issue indicates that the decontamination area might be located on the exterior perimeter of the facility in the open air rather than inside of the facility. As this is largely an operational issue that, if necessary, can be addressed at a future date via an exterior decontamination area, no objection to the ICRA recommendation is raised by the AHJ. **Decision: Approved.**

8. **Secure Holding Room.** FGI 2.2-3.1.4.3 outlines requirements for Secure Holding Rooms when they are provided, but does not specifically require their inclusion. The Safety Management Risk Assessment (SMRA) recommended not to include a Secure Holding Room in the design as

there are other locations within the hospital where this can be achieved. **Decision: Compliant as Designed.**

9. **Emergency Department Ambulance Entrances.** FGI 2.2-3.1.3.2(7) requires emergency department ambulance entrances to provide a minimum of 6 feet in clear width. The existing entrance is not being modified by this project. There are three sets of doors in the existing entrance, two of which are sliders that provide only 4'-6" clear width. EMT and ED staff have indicated that they consider the existing sliding doors to be more functional than the swinging door pairs that would be necessary to achieve this requirement. As such, no objection is raised by the AHJ. **Decision: Approved.**

Sincerely,

/Michael Weaver/

Michael Weaver, P.E., BCEE
Director, DES

Enclosures:

Mt Edgecumbe PJD Tab J Justifications for Space Deviations
Floor Plan

cc:

Denman Ondelacy, Director OEHE, AANHS

Hugh Denny, Director, Health Facilities Engineering, OEHE, AANHS

Joseph Bermes, Deputy Director for Architecture and Engineering, DES

Nick Lu, DES, Chairperson, IHS Codes Committee